

Konrad C. Kalthenborn, MD

Procedure Category	Procedure Code	Procedure Description	Price per unit
Pathology and Laboratory Procedures	80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol	\$165.00
Pathology and Laboratory Procedures	82043	Albumin; urine (eg, microalbumin), quantitative	\$131.00
Pathology and Laboratory Procedures	82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	\$49.00
Pathology and Laboratory Procedures	83036	Hemoglobin; glycosylated (A1C)	\$105.00
Medicine Services and Procedures	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$86.00
Evaluation and Management Services	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	\$480.00
Evaluation and Management Services	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making	\$209.00
Evaluation and Management Services	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.	\$312.00
Evaluation and Management Services	99244	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	\$650.00
Evaluation and Management Services	99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	\$130.00

Clinic Name & Location: Konrad C. Kalthenborn, MD, 3260 Providence Dr., Suite 523, Anchorage, AK 99508-4608

Clinic Website: None

DHSS Website: <http://dhss.alaska.gov/>)

Contracted Insurance Companies: Aetna, Blue Cross, EBMS

The undiscounted price may be higher or lower than the amount an individual actually pays for the health care services described in the list.

You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Please do not hesitate to ask for information.

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